Promoting Gender Equity for HIV and Violence Prevention: Results from the PEPFAR Male Norms Initiative Evaluation in Ethiopia

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Background

Gender norms, or social expectations about the roles, rights and responsibilities of men versus women, have been associated with HIV risk and related behaviors, such as partner violence. Growing evidence supports the importance—and success—of involving men, and explicitly addressing gender dynamics, in HIV/AIDS and violence prevention initiatives.

To address these issues, the US President's Emergency Plan for AIDS Relief (PEPFAR) supported the Male Norms Initiative (MNI) in Ethiopia, Namibia, and Tanzania, In Ethiopia partners EngenderHealth, HIWOT Ethiopia, and PROMUNDO implemented the intervention and PATH and Miz-Hasab Research Center evaluated the impact of activities.

To test the outcome of gender-focused intervention(s)combined group education and community engagement, compared with community engagement alone—on attitudes and behaviors of young men in Ethiopia

Interventions

Two main interventions:

- 1. Intensive, interactive group education (GE) with groups of
- young men.

 2. Wider community engagement (CE) activities to raise awareness and promote community dialogue.

Examples of activities:

- GE activities: discussions and role plays to promote critical reflection of common gender norms that can lead to risk; 18 sessions implemented for about 2 hours once a
- CE activities: radio spots; distribution of information, education, and communication materials; music; dramas with gender-equitable messages; community discussions and condom distribution.

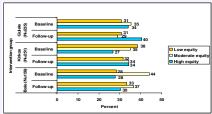
Key Findings

1. At baseline, gender norms varied among young men, and participants reported moderate risk.

Young men who agreed with the following statements:

- 58%: 'A woman should tolerate violence in order to keep her family together.'
- · 50%: 'A woman should obey her husband in all things. 12%: 'A man should be outraged if his wife asks him to use a condom.
- Reporting of violence and HIV risk among young men:

- · 40%: have previously had sex.
- · 44%: have had a primary partner over the past 6 months 76%: of sexually experienced youth reported condom use during
- · A substantial portion reported partner violence: 27% have slapped a partner
- 2. Intervention led to increased support for more equitable gender norms.
 - For both the GE+CE and CE intervention arms, there was a positive, significant impact among participants.
 - · In the comparison arm, no such changes occurred.
 - Those who changed became *more* supportive of equitable norms and *less* supportive of inequitable norms.
 - Young men in the GE+CE arm were nearly twice as likely as those in the comparison group to increase their Gender Equitable Men (GEM) Scale¹ score.



The Gender Equitable Men (GEM) Scale at a glance:

- Designed by PATH and partners, includes attitudinal statements about gender roles related to HIV and reproductive health, violence, sexual relationships, daily life, and decision-making Psychometrically evaluated in multiple cultural contexts (e.g., Brazil, Kenya, India)
- 24-item scale adapted and validated in Ethiopia among men (alpha=0.88).

Conclusions

- Findings from young men and their partners indicate that young men's attitudes toward gender norms became more gender equitable, and the intervention resulted in reduced partner violence and HIV risk
- Both interventions led to changes in key variables, but combining community and interpersonal activities was at times more successful. Similar changes were not seen in the comparison group.
- Overall findings suggest that confronting inequitable gender norms is an important element of HIV and violence prevention strategies.

Study Design and Methods

Location:

· 3 low-income subcities in Addis Ababa, Ethiopia

Participants:

· Young men ages 15 to 24 who were members of youth groups.

Design:

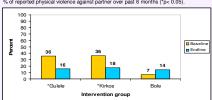
- · Quasi-experimental, comparing the impact of 3 intervention arms over a 6-month period: community engagement plus group education versus community engagement activities alone, with a third nparison group who received no activities.
- Activities based on experiences from EngenderHealth's Men as Partners program and PROMUNDO and partners' Program H project.
- Surveys were administered to young men prior to the intervention (n=729) and after the intervention ended 6 months later (n=647). Response rate: 89%.
- · Qualitative interviews with a subsample of intervention participants and their female partners were
- conducted at endline (n= 23). Couple members were interviewed individually

 Data were triangulated to explore changes in gender norms and related beha validate changes among participants from the perspective of female partners.

Key Findings

- 3. Reductions in partner violence reported in both intervention arms; agreement with more equitable gender norms associated with reductions in violence.
 - For both the GE+CE and CE intervention arms, the percentage of respondents who reported being physically violent toward a female partner over the past 6 months decreased
 - In the comparison arm, reported violent behaviors did not significantly change.
 - Among all groups, high-equity GEM Scale scores were associated with a 34% reduction in the

% of reported physical violence against partner over past 6 months (*p< 0.05).



4. Young men perceived positive changes in behavior due to participation in the intervention.

The vast majority of men from both the GE+CE arm (95%) and CE arm (82%) reported positive changes due to intervention. Specifically:

- · Changed ideas about gender roles
- Increased knowledge of HIV/AIDS.
- Improved ability to negotiate condom use.
- Improved partner communication.

5. Most females reported positive changes in their partners.

Specifically:

- · New discussions about HIV/AIDS, sex, and protecting oneself from diseases
- Talking about faithfulness and relationships.
- Helping with household chores
- Not engaging in other 'unhealthy' behaviors, like smoking

Most females reported positive changes in their partners:

"My husband told me about unwanted pregnancy, abstinence, and HIV. He told me that we have to take care of ourselves from these, and we have to care for each other. In relation with the program, I can say he now cares about his house[hold], and I can say this program makes everything good."

For a copy of the full report or training materials, please visit the PATH booth (No. E-451, Reed Messe Wien) or the PATH website (www.path.org), or contact Dr. Julia Pularenthy (inclinates) and the path website (www.path.org).









